each) were also sources of care. Of the 168 facilities that participated in the survey, all but seven provided postabortion care in 2012; all of the exceptions were health posts. Respondents’ estimates of the number of cases treated at their facility in the past month and the average month and in the past year and average year were internally consistent.

According to the health professionals surveyed, 38% of abortions performed in Senegal in 2012 were done by a traditional practitioner or other untrained provider (Table 3). Another 21% were done by the woman herself and 20% by a nurse or midwife; doctors accounted for only 17%, though they performed a larger share (47%) among nonpoor urban women (not shown). Among poor women in rural and urban areas, doctors performed only 1–2% of all abortions, while untrained providers accounted for 52–53%. An estimated 79% of self-induced abortions and 71% of abortions done by untrained providers resulted in complications (Table 3). Abortions that were done by nurse-midwives and those performed by doctors led to complications in 35% and 22% of cases, respectively.

Health professionals estimated that the majority (73%) of poor rural women who had an induced abortion experienced complications (Figure 1). A similar proportion (69%) of poor urban women who had an abortion experienced complications. However, fewer than half of nonpoor urban and rural women who had an abortion experienced complications (35% and 48%, respectively).

Similar disparities were evident in the estimated proportions of women with abortion complications who received treatment. More than three-quarters of nonpoor women who had complications were thought to have received treatment (86% in urban areas and 76% in rural areas), compared with 53% and 44% of poor women in urban and rural areas, respectively (not shown).

Overall, 30–37% of women who had an abortion were believed to have received treatment for a complication from the procedure (Figure 1). The estimated proportion was lowest for nonpoor urban women (who were the least likely to experience complications) and highest for poor urban women.

From the above data, we estimate that 55% of abortions in Senegal in 2012 resulted in complications. Some 44% of abortions in Dakar resulted in complications, compared with 60% of those in other parts of the country. About 58% of women with complications from an unsafe abortion received medical treatment—64% in Dakar and 57% in the rest of Senegal (not shown).

The mean values of the HPS estimates we used to make the above calculations did not vary substantially according to respondents’ sex, general field of work (medical or nonmedical; badiénou gox or other), place of residence (urban or rural) or years of experience (not shown).

To assess the quality of HPS respondents’ estimates, we asked them to estimate the proportion of live births in Senegal that occur at facilities, as these answers could be compared with DHS data. The mean of their estimates (70%) closely matched the proportion indicated by the DHS (71%)10.

Our findings indicate that about 16,700 women received treatment for complications of unsafe abortion in Senegal in 2012 (95% confidence interval, 11,400–22,500; Table 4, page 6). These estimates exclude referral visits and spontaneous abortions treated. Another 12,200 abortions resulted in untreated complications, and 22,600 in no complications. In all, we estimate that women had 51,500 abortions in Senegal in 2012, equivalent to an abortion rate of 10 per 100 live births (95% confidence interval, 10–11).

The abortion ratio was 10 per 100 live births; again, it was higher in Dakar than in the rest of the country (17 vs. 9).

According to the survey of health professionals, the methods most commonly used to terminate pregnancy in Senegal were drinking caustic agents, such as bleach or detergent; drinking herbal solutions; and surgical procedures, such as manual vacuum aspiration and dilation and curettage (not shown). In general, surgical abortions

![FIGURE 1. Estimated percentage distribution of abortions, by outcome, according to region and women’s characteristics, Senegal, 2012](image_url)